



# UNITED STATES PATENT AND TRADEMARK OFFICE

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 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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Bib Data Sheet

SERIAL NUMBER 09/207,161	FILING DATE 12/07/1998 RULE	CLASS 435	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. PF-0208-1DIV
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**APPLICANTS**

JENNIFER L. HILLMAN, SAN JOSE, CA ;  
 SURYA K. GOLI, SUNNYVALE, CA ;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A DIV OF 08/791,338 01/31/1997 PAT 5,889,170

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE****GRANTED \*\* 12/28/1998**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

LEGAL DEPARTMENT  
 INCYTE PHARMACEUTICALS INC. *Genomics, Inc.*  
 3140  
 3144 PORTER DRIVE  
 PALO ALTO, CA 94304

**TITLE**

NOVEL HUMAN INTEGRAL MEMBRANE PROTEIN

<b>FILING FEE RECEIVED 760</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER 09/207,161	FILING DATE 12/07/98	CLASS 536	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PF-0208US
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APPLICANT  
JENNIFER L. HILLMAN, SAN JOSE, CA; SURYA K. GOLI, SUNNYVALE, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

FOREIGN FILING LICENSE GRANTED 12/28/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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Verified and Acknowledged Examiner's Initials _____					
ADDRESS LUCY J BILLINGS INCYTE PHARMACEUTICALS INC 3174 PORTER DRIVE PALO ALTO CA 94304					

TITLE NOVEL HUMAN INTEGRAL MEMBRANE PROTEIN					
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FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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